

HIGHLY CONFIDENTIAL

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC9853981	08-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-27-2015
CHEVALIER, JACQUELINE TRI STATE VETERINARY HOSPITAL HUNTINGTON 6474 MERRITTS CRK RD HUNTINGTON, WV 25702		

Form DEA-223 (05/04)

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Redacted - PII

FROM Merritts Creek Veterinary Cent TO: 17347437485 08/17/2017 12:47:52 #419 P.001/001

 PLAINTIFFS TRIAL
 EXHIBIT
 P-42105_00001

CAH_FEDWV_00000118

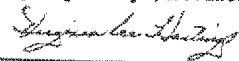
P-42105_00001

For your convenience, we enclose a wallet renewal card. This is

for personal use only and may not be used for display in the business premises as proof of your license renewal.

Veterinary License Renewal thru December 31, 2014

Dr. Jacqueline L. Chevalier, License Number 10-2006 is a licensed veterinarian in West Virginia. This certificate bearing the signature of the Secretary-Treasurer of the West Virginia Board of Veterinary Medicine is annual renewal confirmation for the period beginning January 1, 2014 through December 31, 2014.



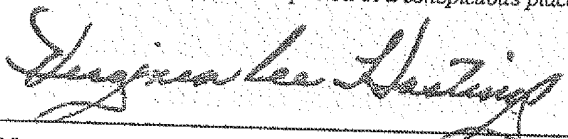
Ms. Virginia Lee Hastings, Secretary-Treasurer

West Virginia Board of Veterinary Medicine

Annual Veterinary License Renewal Certificate for the Period Ending December 31, 2014

Dr. Jacqueline L. Chevalier, License Number 10-2006 is a Licensed Veterinarian in West Virginia. This certificate bearing the signature of the Secretary-Treasurer of the West Virginia Board of Veterinary Medicine is official renewal confirmation for the period beginning **January 1, 2014 through December 31, 2014.**

This Renewal License is to be posted in a conspicuous place in the principal office where the licensee practices veterinary medicine in WV.



Ms. Virginia Lee Hastings, Secretary-Treasurer

Official Document: Do Not Duplicate

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#513 P.001/001

12/31/2013 13:34

From:

CAH_FEDWV_00000119

P-42105_00002

OHIO VETERINARY MEDICAL LICENSING BOARD

77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108

Serial No. 1

This is to certify that the within named is duly registered as a
Veterinarian in the State of Ohio for biennium period

09/01/2015 THRU 03/01/2016

License # VET . 8937 VET . 8937

Jacqueline Lee Chevalier
Tri State Veterinary Hospital
6474 Merritts Creek Road
Huntington WV 25702

Jacqueline Lee Chevalier
Tri State Veterinary Hospital
6474 Merritts Creek Road
Huntington WV 25702

Receipt to be displayed with original License in
Veterinarian's office.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

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BC9853981	08-31-2018	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-27-2015

CHEVALIER, JACQUELINE
TRI STATE VETERINARY HOSPITAL
HUNTINGTON
6474 MERRITTS CRK RD
HUNTINGTON, WV 25702

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AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)



Practitioner Affidavit: To be completed by providers of medical services / Form 00-RC-005F_00

Facility Identification

Account Name CHEVALIER, JACQUELINE
DEA# BC9853981 **Account#** RAL79
State Board# 10-2006
Street Address 6474 MERRITTS CRK RD
City HUNTINGTON
State WV **Zip** 25702

1. Practitioner is located in an area that is accessible to the public and walk-in customers are welcomed.

- ☒ Yes
☐ No

This is to attest that the above referenced Practitioner is not engaged in, nor has ever engaged in conducting business by accepting and filling prescriptions for List 1 chemical items and/or controlled substances over the internet.

Practitioner agrees that it will abide by all applicable laws, rules, regulations, ordinances and guidance of Federal Drug Enforcement Administration (DEA), the United States Food and Drug Administration (FDA), and the states into which it dispenses or prescribes List 1 chemical items and/or controlled substances and the states in which it is licensed.

Further, practitioner agrees List 1 chemical items and/or controlled substances will only be administered, dispensed and prescribed for legitimate medical purpose and in the normal course of professional practice.

Practitioner agrees to monitor and be alert to the proper usage of List 1 chemical items and/or controlled substances administered, dispensed, or prescribed, and to exercise due diligence to ensure compliance by its patients with applicable laws and regulatory guidelines.

Practitioner agrees to exercise professional knowledge, expertise, and stay informed on all such legal and regulatory guidelines.

Practitioner acknowledges that the Harvard Drug Group may provide a copy of this agreement to the DEA, other federal regulatory agencies, state regulatory agencies, or state licensing boards where appropriate.

Practitioner agrees that failure to comply with this Agreement may result in the termination of relationship between The Harvard Drug Group and Practitioner, in whole or in part, notwithstanding any other agreements to the contrary.

To the best of its knowledge, the practitioner is not currently under investigation by the DEA or any other federal or state authority for potential violations involving the receipt, storage, dispensing or distribution of controlled substances.

Please indicate your understanding and agreement to the terms of this form by signing* in the space indicated and returning a copy, with an original signature, to The Harvard Drug Group, Attention: Customer Care, 31778 Enterprise Dr., Livonia, MI 48150, fax (734) 743 7382 or email ddiox@thdg.com. If the form is being completed on-line then simply select the "Submit" option at the bottom of this form.

2. Are you completing this Affidavit online in its digital form?

- ☒ Yes, if you checked "Yes" please type in the information below. There is no need to Notarize completion of this digital form.
☐ No, if you checked "No", then please complete the signature and Notary information below.

I declare that I am employed at this facility with a primary responsibility for maintaining the DEA Registration in good standing. I have logged into this website using a secure ID and password. To my knowledge, the facility is not currently under investigation by the DEA or any other federal or state authority for potential violations involving the receipt, storage, dispensing or distribution of controlled substances or listed chemicals. I further declare under penalty of perjury that to the best of my understanding, the information given on this affidavit is true and correct and I indicate my understanding by typing my name and title in the boxes below.

3. Signature title and date (if completing this form on-line then please type this information)

Signature of DEA License Holder and date

Dr. Jacqueline Chevalier 8/3/2015

Title

DVM, Owner

-----NOTARY PUBLIC'S ACKNOWLEDGEMENT-----

Subscribed, sworn to, and acknowledged before me by _____

on this _____ day of _____, 20____. County of _____, in the State of _____. My commission expires _____.

NOTARY PUBLIC SEAL

If you are not filling this out online, please send completed form via fax to (734) 743-7382 or email ddlox@thdg.com.

Revision Date: Jul 29, 2015 1:21:05 pm
Completion Date: Aug 3, 2015 12:45:00 pm



00-RC-005C Veterinary Questionnaire

Account Name CHEVALIER, JACQUELINE
DEA# BC9853981 Account# RAL79
State Board# 10-2006
Street Address 6474 MERRITTS CRK RD
City HUNTINGTON
State WV Zip 25702

1. Please describe your practice (check all that apply)

☒ Small Animal ☒ Large Animal ☒ Companion Animal ☐ Mobile Vet ☒ Equine ☒ Mix ☐ Other

1.1. If other, please explain

2. Please indicate days the clinic/practice is open and hours of operation

Monday-Thursday 8am-11pm
Friday 8am-6pm

3. How long has your practice been in business?

17 years

4. How many veterinarians are in your office?

4

5. Approximately how many patients does your practice see daily?

60

6. Approximately how many patients receive controlled substances each day?

20

7. Are you performing surgery at this facility?

☒ Yes ☐ No

8. In the last 12 months, have you been inspected by the Drug Enforcement Agency (DEA)?

☐ Yes ☒ No

8.1. If yes, please describe the reason for the visit

9. Does a veterinarian oversee all controlled substance orders in your office?

☒ Yes ☐ No

9.1. If no, please explain

10. How are controlled substances stored in your office? (Check all that apply)

☒ Safe ☐ Locked Cabinet ☐ Other

10.1. If other, please explain

11. Does anyone other than the veterinarian have access to your controlled substances?

☒ Yes ☐ No

11.1. If yes, please list the individual(s), their title(s) and an explanation as to why they have access

Jessika Orlando, Practice Manager
Jennifer Hammock, Office Manager

12. If you are administering any of the following controlled substances, please list the monthly quantity. (Please indicate the unit of measure in tablets, grams, milligrams, milliliters or patches.)

Euthanasia Solution 60 ml

Ketamine (Circle one: gm, mg, ml) 3 ml

Phenobarbital (Circle one: tabs, gm, ml) 1,300 tabs

Hydrocodone (Circle one: tabs, gm, mg, ml) 0 tabs

Buprenorphine (Circle one: tabs, films, gm, mg, ml) 20 ml

13. Do any veterinarians dispense or administer controlled substances to out of state patients?

☒ Yes ☐ No

13.1. If yes, please list all states and the license numbers, to which you are shipping controlled substances

Ohio License Number: VET.8937

14. Please indicate the name of your primary wholesaler

Henry Schein Animal Health

15. Please provide the name of the person(s) approved to purchase controlled drugs and the person(s) approved to answer inquiries from First Vet about controlled drugs for your practice or clinic.

Jessika Orlando, Practice Manager

16. I declare that I am employed at this facility with a primary responsibility for maintaining the DEA registration in good standing. I have read and answered all above questions to the best of my ability.

Signature of the veterinarian that is responsible for the DEA registration. (If completing this form online, please type this information)

Dr. Jacqueline Chevalier

Printed name of person indicated above, title and date.

Dr. Jacqueline Chevalier DVM, Owner 8/3/2015

Please submit a clear copy of your drivers license or government issued picture identification, along with your completed documents to: DDLOX@thdg.com or fax to: 734-743-7382

Revision Date: Mar 27, 2015 11:34:44 am
Completion Date: Aug 3, 2015 2:20:31 pm

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Michelle Lynn

From: DD/LOX
To: Interactive Document
Subject: RE: Updated Veterinary Questionnaire Submitted (RAL79)

I spoke with Jessika Orlando regarding Que #11. She explained that both she and Jennifer fill prescriptions for patients under the Vet's supervision.

MLynn 08/03/2015

Michelle Lynn

Harvard Drug Group
Customer Care Specialist
T 734-743-6393
F 734-743-7393
mlynn@harvarddruggroup.com

-----Original Message-----

From: Interactive Document [mailto:no-reply@thdg.com]
Sent: Monday, August 03, 2015 2:21 PM
To: Ted Simpson; Nicole Sparks; Alicia Atiyeh; Kelly Polaski; Kenon Pointer; Michael O'Connor; Laura Lenhardt; DD/LOX
Subject: Updated Veterinary Questionnaire Submitted (RAL79)

Completed Document with Scoring:
https://crm.thdg.com/app/customers/documents/view_ddddocument/-/FCCEF340-3CCF-4924-8762-16B12040E10F

CAH_FEDWV_00000126
P-42105_00009

**Request for Approval to Access Prison Restricted Products**

Account Name CHEVALIER, JACQUELINE

DEA and/or HIN # BC9853981

Account# RAL79

State Board# 10-2006

Street Address 6474 MERRITTS CRK RD

City HUNTINGTON

State WV Zip 25702

We understand that you are interested in purchasing items that you are currently restricted from ordering. In order to better understand your business and provide a decision as to your eligibility to purchase the items from which you are restricted, please read and respond to the following questions, sign and date, and return this form to The Harvard Drug Group via fax at 734-743-7382 or via email at DDLOX@thdg.com.

1. Are you in business as a correctional facility (e.g. prison, local or county jail, re-entry center, juvenile detention or any other correctional affiliation)?

☐ Yes ☒ No

2. Does your facility provide products by either purchasing for, or distributing to a correctional facility, either directly or indirectly as outlined above?

☐ Yes ☒ No

3. Customer hereby certifies that the questions above have been responded to accurately and truthfully. Customer agrees to notify The Harvard Drug Group immediately, should their business model change to become a correctional facility or engage in any future business activities with a correctional facility (e.g. prison, local or county jail, re-entry center, juvenile detention, or any other correctional affiliation).

Signature

Printed name of person indicated above, title and date

Revision Date: Current
Completion Date: Incomplete